

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/877,978
	Filing Date	June 1, 2003
	First Named Inventor	Zalipsky et al.
	Art Unit	1642
	Examiner Name	Huff, Sheela Jitendra
	Attorney Docket Number	55325-8115.US02

**To: Commissioner for Patents**  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number 22918

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The client has requested that this case be transferred to the Assignee

<b>CORRESPONDENCE ADDRESS</b>				
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.				
2. <input type="checkbox"/> Change the correspondence address and direct all future correspondence to:				
<input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 0 20px;">27777</span>				
<b>OR</b>				
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State	Zip	
Country				
Telephone		Email		
Signature <i>Judy M. Mohr</i>				
Name Judy M. Mohr		Registration No.		38,563
Date <i>May 1, 2008</i>		Telephone No.		650-838-4402
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of the time period for response or possible extension period, the request to withdraw is normally disapproved.				